

EMPLOYER'S FIRST REPORT OF INJURY FORM

An employer is required to submit a First Report of Injury (DWC-01) form to the Department of Labor and Training within ten (10) days after an injury that requires medical treatment or prevents the employee from earning full wages for at least three (3) days. If the injury is fatal, the report should be made within forty-eight (48) hours.

Even if an employer questions the claimed injury, the First Report of Injury form must be filed. Filing the form does not mean the employer is accepting responsibility for the injury.

Employers that fail to file the report are subject to a penalty of \$250. If the employer fails to properly complete the report, the penalty will also be imposed.

Some employers have an agreement with their workers' compensation insurer stating the carrier will file the report. Despite this agreement, it is the employer that will be responsible for the penalty if the report is not properly filed.

This brochure is not intended as a full and complete description of the law nor is it intended as legal advice. Also, the information may be subject to change.

Please feel free to contact us if you have any questions or if you need:

- ? Workers' Compensation Poster
- ? Fraud Prevention Poster
- ? Independent Contractor forms
- ? Waiver forms (DWC-11)
- ? Corporate Officer
Opt in form (DWC-11-C)
- ? First Report of Injury form

All forms can also be downloaded at the Department website: www.dlt.ri.gov/wc

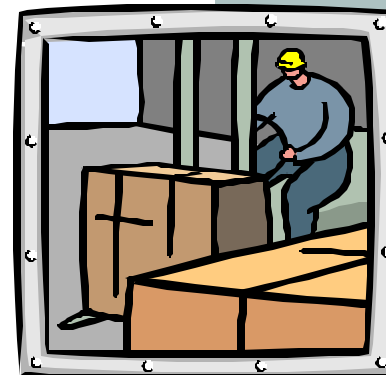
** Free educational workshops are available **

The Department of Labor & Training's Education Unit offers free educational workshops which provide a basic overview of the Rhode Island Workers' Compensation system. For more information call the Education Unit at 401-462-8100, option #1.

WORKERS' COMPENSATION FRAUD PREVENTION AND COMPLIANCE UNIT

P.O. Box 20190
Cranston, RI 02920-0942

Phone: 401-462-8100 option #7
Fax: 401-462-8128
Email: wcfraud@dlt.state.ri.us
Website: www.dlt.ri.gov/wc



WHAT EMPLOYERS NEED TO KNOW ABOUT WORKERS' COMPENSATION

*A Guide for Businesses
in Rhode Island*

RI DEPARTMENT OF
LABOR AND TRAINING

WORKERS' COMPENSATION INSURANCE REQUIREMENTS

Since January 1, 1999, every business, with a few exceptions, that has ONE or more employees must have workers' compensation insurance coverage. Individual owners and partners are exempt.

As of January 2002, most Corporate Officers are included under the Workers' Compensation Act unless they file a waiver (DWC-11) form with the Department.

Employers must display the State required poster naming the insurance carrier or adjusting company.

PENALTIES

- ♦ A penalty of \$250 for failure to display the workers' compensation poster.
- ♦ A penalty of up to \$1,000 per day of noncompliance for failure to have required workers' compensation insurance. An employer may also be subject to a felony charge upon conviction, subject to a fine of up to \$10,000 and up to 2 years in prison.
- ♦ A business operating without required insurance may be closed by the Director of the Department of Labor and Training.

INDEPENDENT CONTRACTORS

An independent contractor is someone who maintains an independent business and is available for hire to provide a service to the public. An independent contractor is not eligible for workers' compensation benefits.

For purposes of workers' compensation, a person will not be considered an independent contractor unless the person files a Notice of Designation as Independent Contractor (DWC-11-IC) form with the Department of Labor & Training, Workers' Compensation Fraud and Compliance Unit.

The DWC-11-IC form is for purposes of workers' compensation only and does not mean that you are an independent contractor under the rules, regulations or statutes of the Internal Revenue Service or the RI Division of Taxation.

If *you* hire an independent contractor, they should provide you with either proof of workers' compensation insurance coverage or a copy of a DWC-11-IC form which has been filed with the Department of Labor and Training and that names you as the hiring entity.

An independent contractor must file a form for each hiring entity they work for. The independent contractor should submit the form and a copy with a self-addressed stamped envelope addressed to: RI Department of Labor & Training, P O Box 20190, Cranston, RI 02920-0942. The original and copy will be date-stamped, and the copy will be returned to you.

Once filed, the form is in effect as long as the independent contractor works for the named hiring entity or until a Notice of Withdrawal of Designation as Independent Contractor form (DWC 11-IC-R) is filed. There is no filing fee for either form.

WARNING: An employer that forces or coerces an employee to sign the DWC-11-IC form or misrepresents the employee as an independent contractor, may be subject to criminal prosecution.



For a listing of who has filed an independent contractor form or to obtain a form, you may access our website:

www.dlt.ri.gov/wc

A search is possible by independent contractor name or by the hiring entity name.